

ALLEN v. USA

DIANE "DEDE" DUNTZE, R.N.
2/24/2006

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA

KIMBERLY ALLEN, Personal)
Representative of the ESTATE)
OF TODD ALLEN, Individually,)
on Behalf of the ESTATE OF)
TODD ALLEN, and on Behalf of)
the Minor Child PRESLEY)
GRACE ALLEN,)
Plaintiffs,)
vs.)
UNITED STATES OF AMERICA,)
Defendant.)

Case No. A04-0131 (JKS)

VIDEOTAPED DEPOSITION OF DIANE "DEDE" DUNTZE, RN, ANP

Pages 1 - 184, inclusive

Friday, February 24, 2006
9:06 A.M.

Taken by Counsel for Plaintiffs
at
ASHBURN & MASON
1130 West 6th Avenue, Suite 100
Anchorage, Alaska

Exhibit - 3

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<p style="text-align: right;">Page 73</p> <p>1 Somebody who presents -- either has a</p> <p>2 headache, you want to think worst-case scenario, or is</p> <p>3 that with any patient who presents with a certain set</p> <p>4 of symptoms, you want to think worst-case scenario?</p> <p>5 A. Well, if you came in with chest pain, I</p> <p>6 would think worst-case scenario, too.</p> <p>7 Q. And is that part of your training as --</p> <p>8 working in the emergency department?</p> <p>9 A. I think so.</p> <p>10 Q. All right. And is subarach- -- go ahead.</p> <p>11 I'm sorry.</p> <p>12 A. No, that's okay.</p> <p>13 Q. Is subarachnoid hemorrhage sort of a</p> <p>14 worst-case scenario for a patient who presents with</p> <p>15 a headache?</p> <p>16 A. One of them.</p> <p>17 Q. Right. And what are the others?</p> <p>18 A. Meningitis, encephalitis, subdural</p> <p>19 hemorrhage.</p> <p>20 Q. So there are a number of serious ailments</p> <p>21 that are associated -- that could potentially be</p> <p>22 associated with a patient who presents with a</p> <p>23 headache?</p> <p>24 A. Right.</p> <p>25 Q. All right. And subarachnoid hemorrhage of</p>	<p style="text-align: right;">Page 75</p> <p>1 who present -- you mentioned there's a small</p> <p>2 percentage of patients who present with a headache</p> <p>3 who actually have a subarachnoid -- subarachnoid</p> <p>4 hemorrhage. I don't think anyone is going to</p> <p>5 dispute that.</p> <p>6 How about patients who present with a sudden</p> <p>7 onset of headache? What percentage of those would</p> <p>8 have a subarachnoid hemorrhage?</p> <p>9 A. I don't know.</p> <p>10 Q. Okay. Did you come across that at all in</p> <p>11 your review of the literature?</p> <p>12 A. No, I don't think so.</p> <p>13 Q. Did you review the literature on</p> <p>14 subarachnoid hemorrhages?</p> <p>15 A. I reviewed textbooks and that kind of</p> <p>16 literature.</p> <p>17 Q. And the textbooks that you refer to in your</p> <p>18 report, were there any other texts that you referred</p> <p>19 to?</p> <p>20 A. No.</p> <p>21 Q. Okay. Are there any other articles that</p> <p>22 you read --</p> <p>23 A. No.</p> <p>24 Q. -- about subarachnoid hemorrhages? And</p> <p>25 that would be no?</p>
<p style="text-align: right;">Page 74</p> <p>1 course could be lethal. Would you agree with that?</p> <p>2 A. Yes.</p> <p>3 Q. And you said it's -- it's a really small</p> <p>4 percentage of patients with headaches who actually</p> <p>5 have a subarachnoid hemorrhage. Is -- is it a</p> <p>6 significant percentage still, that statistically</p> <p>7 that you would have to be concerned about a patient</p> <p>8 who presents with a subarachnoid hemorrhage?</p> <p>9 MR. GUARINO: I --</p> <p>10 MS. McCREADY: I'm sorry.</p> <p>11 MR. GUARINO: I'm sorry. I thought you were</p> <p>12 done. Finish your question, and then I'll --</p> <p>13 MS. McCREADY: Well, let me ask it again,</p> <p>14 because I saw your hand come up.</p> <p>15 MR. GUARINO: Well, it's just you started</p> <p>16 mixing in "significant" and then "statistical." Now,</p> <p>17 I'm thinking statistically significant. What does</p> <p>18 that mean? I mean, I'm going to have an objection as</p> <p>19 to what you mean. Numbers? "Statistical</p> <p>20 significance" can mean -- you know, ask a statistician</p> <p>21 what's statistically significant. I don't know</p> <p>22 what -- you know, maybe you can rephrase the question,</p> <p>23 and we can avoid it all.</p> <p>24 MS. McCREADY: Sure.</p> <p>25 Q. Let me ask it this way: There are patients</p>	<p style="text-align: right;">Page 76</p> <p>1 A. "No."</p> <p>2 Q. In your experience or your review of the</p> <p>3 textbooks that -- that you looked at, was it your</p> <p>4 understanding that even though there's a small</p> <p>5 percentage of patients with headache who actually</p> <p>6 have a subarachnoid hemorrhage, that it's still</p> <p>7 statistically significant that it has to be a</p> <p>8 concern for an emergency room practitioner?</p> <p>9 A. It's something that you consider in your</p> <p>10 differential diagnosis, yes.</p> <p>11 Q. Right. And why would that -- why would</p> <p>12 that be?</p> <p>13 A. Because it's a severe situation that needs</p> <p>14 to be dealt with, you know, promptly.</p> <p>15 Q. Okay. Is the expectation that for an</p> <p>16 emergency room practitioner that you would want</p> <p>17 to -- well, strike that. Let me ask a different</p> <p>18 question.</p> <p>19 Would you agree that a classic symptom of</p> <p>20 subarachnoid hemorrhage is a severe headache?</p> <p>21 A. Yes.</p> <p>22 Q. Is the location of a headache significant,</p> <p>23 in terms of trying to figure out the differential</p> <p>24 diagnosis, whether or not a patient has a</p> <p>25 subarachnoid hemorrhage?</p>

22 (Pages 73 to 76)

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<p style="text-align: right;">Page 77</p> <p>1 A. Yes, it can be.</p> <p>2 Q. Okay. If you could explain that.</p> <p>3 A. Well, for example, a migraine headache</p> <p>4 could be unilateral. Cluster headaches can be</p> <p>5 around the eye and temporal. Tension headaches can</p> <p>6 be up the back of your neck. And so, you know, you</p> <p>7 a lot of times try to figure out: Well, where is</p> <p>8 this headache?</p> <p>9 Q. Okay. And how about for subarachnoid</p> <p>10 hemorrhages? Is there -- let me -- let me ask it</p> <p>11 this way: Is it consistent with a subarach- -- is</p> <p>12 it consistent with a patient having a subarachnoid</p> <p>13 hemorrhage if they have got pain going up the back</p> <p>14 of their neck to the top of their head?</p> <p>15 A. No, I don't know that for sure.</p> <p>16 Q. Okay. Is there -- so a subarachnoid</p> <p>17 hemorrhage, a patient could have pain in a number of</p> <p>18 different locations of their head?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. So location is not so important in</p> <p>21 terms of distinguishing the diagnosis of</p> <p>22 subarachnoid hemorrhage from something else?</p> <p>23 MR. GUARINO: I object to the foundation.</p> <p>24 She just talked about other conditions --</p> <p>25 MS. McCREADY: Sure.</p>	<p style="text-align: right;">Page 79</p> <p>1 Q. Okay. With a patient who's got a</p> <p>2 subarachnoid hemorrhage, they have got a headache,</p> <p>3 is it a common associated symptom that they would</p> <p>4 have vomiting?</p> <p>5 A. Yes. Can be.</p> <p>6 Q. Can be. I understand nausea and vomiting</p> <p>7 may be consistent with other ailments. Is that</p> <p>8 correct?</p> <p>9 A. Yes, that's right.</p> <p>10 Q. Okay. But they're commonly associate- --</p> <p>11 if a person actually has a subarachnoid hemorrhage,</p> <p>12 they commonly present with nausea. Is that correct?</p> <p>13 A. They -- yes. They -- they can present with</p> <p>14 nausea. They may not always --</p> <p>15 Q. Sure.</p> <p>16 A. -- have nausea and vomiting, but that's one</p> <p>17 of the symptoms, along with an assort- -- with an</p> <p>18 assortment of other symptoms that they could present</p> <p>19 with.</p> <p>20 Q. Sure. And what are the other symptoms?</p> <p>21 A. They could have blurry vision, double</p> <p>22 vision, stiff neck, trouble walking, trouble</p> <p>23 talking, irritability.</p> <p>24 Q. Okay. Let me go to the stiff neck. I</p> <p>25 mean, isn't it true that a majority of patients with</p>
<p style="text-align: right;">Page 78</p> <p>1 MR. GUARINO: -- what would be, so obviously</p> <p>2 there's a difference.</p> <p>3 MS. McCREADY: Sure. Fair enough.</p> <p>4 Q. But in terms of deciding whether or not</p> <p>5 there's a location in the head for subarachnoid</p> <p>6 hemorrhage -- I mean, to determine to the -- to</p> <p>7 the -- sorry -- for the practitioner to determine,</p> <p>8 okay, whether or not this patient has got a</p> <p>9 subarachnoid hemorrhage, the -- the pain wouldn't</p> <p>10 necessarily be in a particular location. Is that</p> <p>11 fair to say?</p> <p>12 A. Yes.</p> <p>13 Q. All right. Is one of the common associated</p> <p>14 symptoms of a subarachnoid hemorrhage nausea?</p> <p>15 A. It can be.</p> <p>16 Q. Okay. Well, I mean with patients with</p> <p>17 subarachnoid hemorrhage, is it common that they --</p> <p>18 that they, in addition to having a headache, have</p> <p>19 nausea?</p> <p>20 A. Can you say that again?</p> <p>21 Q. Sure. With a patient who has got a</p> <p>22 subarachnoid hemorrhage who presents with a</p> <p>23 headache, is it a common associated symptom that</p> <p>24 they would have nausea?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 80</p> <p>1 a subarachnoid hemorrhage who present within the</p> <p>2 first 25 hour- -- 24 hours of bleeding don't have a</p> <p>3 stiff neck?</p> <p>4 A. I don't know.</p> <p>5 Q. You don't know whether or not -- you don't</p> <p>6 know what the percentage of patients, in the first</p> <p>7 24 hours of a bleed who have a subarachnoid</p> <p>8 hemorrhage, actually have a stiff neck?</p> <p>9 A. That's right.</p> <p>10 Q. Okay. How about with the percentage of</p> <p>11 patients with a subarachnoid hemorrhage who actually</p> <p>12 present with blurry vision? Do you know the</p> <p>13 percentage of patients who --</p> <p>14 A. No, I don't.</p> <p>15 Q. Okay. And how about patients who -- with a</p> <p>16 subarachnoid hemorrhage. Do you know the percentage</p> <p>17 of patients who -- who present who have trouble</p> <p>18 walking?</p> <p>19 A. No, I don't.</p> <p>20 Q. Okay. And when you say "trouble talking,"</p> <p>21 what do you mean?</p> <p>22 A. Maybe slurred vision -- "slurred vision" --</p> <p>23 slurred speech.</p> <p>24 Q. Anything else that you mean by that?</p> <p>25 A. No.</p>

23 (Pages 77 to 80)